

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Bayfield Co Zoning Dept

JUN 09 2017

ENTERED

Permit #:	17-0818
Date:	6-19-17
Amount Paid:	75 - 64.17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER								
Owner's Name: Joanna Rawson + Stephen Mahring	Mailing Address: 119 Uniona Northfield MN 55057	City/State/Zip: Northfield MN 55057	Telephone: 507-644-2071					
Address of Property: 87785 Bark Point Rd.		City/State/Zip: Herbolster (Clover) WI 54844	Telephone: 507-644-2071					
Contractor: Self.	Contractor Phone:	Plumber:	Plumber Phone:					
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):						
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits): (see attached) 11359	Recorded Deed (i.e. # assigned by Register of Deeds) Document #:					
Section 4, Township 50 N, Range 7 W	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	
X Shoreland ->		Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue ->		Distance Structure is from Shoreline: 300 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
X Non-Shoreland		Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue ->		Distance Structure is from Shoreline: feet				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
1500 - 2000	X New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	X Year Round	<input type="checkbox"/> 2	X (New) Sanitary Specify Type: _____	X Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run-off structures on property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Shed	<input checked="" type="checkbox"/> Shed	<input checked="" type="checkbox"/> Shed	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X)	
<input type="checkbox"/> with Loft		(X)	
<input type="checkbox"/> with a Porch		(X)	
<input type="checkbox"/> with (2nd) Porch		(X)	
<input type="checkbox"/> with a Deck		(X)	
<input type="checkbox"/> with (2nd) Deck		(X)	
<input type="checkbox"/> with Attached Garage		(X)	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, gr <input type="checkbox"/> sleeping quarters, gr <input type="checkbox"/> cooking & food prep facilities)		(X)	
<input type="checkbox"/> Mobile Home (manufactured date)		(X)	
<input type="checkbox"/> Addition/Alteration (specify)		(X)	
X Accessory Building (specify) Utility shed		(16 X 12)	192.
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(X)	
<input type="checkbox"/> Special Use: (explain)		(X)	
<input type="checkbox"/> Conditional Use: (explain)		(X)	
<input type="checkbox"/> Other: (explain)		(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing this information with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Joanna Rawson + Stephen Mahring Date June 9, 2017
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
(2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached
plans.

+ Aerial (Google Earth) photo.

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	400 Feet	Setback from the Lake (ordinary high-water mark)	300 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	275 Feet
Setback from the North Lot Line	600 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	240 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	200 Feet	Setback to Well	250 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0018	Permit Date: 6-19-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: old house set for demo - application for construction new house coming - water/sewer/septic tank water/sewer/septic tank		Zoning District (1413) Lakes Classification (1-Suburban)	
Date of Inspection: 6-15-17	Inspected by: JC Muehl	Date of Re-Inspection:	
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) <i>Building shall not be used for habitation.</i>			
Signature of Inspector:		Date of Approval:	6-19-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

Village, State or Federal
May Also Be Required

AND USE - X
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

No. **17-0218** Issued To: **Joanna Rawson & Stephen Mohring**

Location: - ¼ of - ¼ Section **4** Township **50** N. Range **7** W. Town of **Clover**

Part in

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Shed (16' x 12') = 192 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 19, 2017

Date

STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Permit #: 17-0819
Date: 6-19-17
Amount Paid: \$1005 6-9-17

Bayfield Co. Zoning Dept.

ENTERED
JUN 09 2017

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Joanna Raussen Mailing Address: 119 Winona City/State/Zip: Northfield MN Telephone: 507649

Address of Property: 87785 Bart Point Road City/State/Zip: Herbster (Clover) WI 54844 55057 Cell Phone: 507649

Contractor: Self Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) (See attached.) 11359 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2017R-

1/4, _____ 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: P. 567438

Section 4, Township 50 N, Range 7 W of: Herbster (Clover) Lot Size 7.5- Acreage 7.5-

☒ Shoreland ☐ Non-Shoreland

☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Stairs to beach Distance Structure is from Shoreline: _____ feet

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue --> Distance Structure is from Shoreline: _____ feet

☐ Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material 200

Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water

☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City

☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☒ (New) Sanitary Specify Type: _____ ☒ Well

☐ Conversion ☒ 2-Story ☐ 3 ☐ Sanitary (Exists) Specify Type: _____

☐ Relocate (existing bldg) ☐ Basement ☐ Privy (Pit) or Vaulted (min 200 gallon)

☐ Run a Business on ☐ No Basement ☐ Portable (w/service contract)

☒ Property: Stairs to beach ☐ Foundation ☐ None ☐ Compost Toilet ☐ None

Existing Structure: (If present, being applied for is relevant to it) Length: 75' Width: 3' Height: 3' (Handwritten: Safety Handrail)

Proposed Construction

Proposed Use ☒ Principal Structure (first structure on property) Proposed Structure Dimensions Square Footage

☐ Residence (i.e. cabin, hunting shack, etc.) ☐ with Loft ☐ with a Porch ☐ with (2nd) Deck ☐ with (2nd) Deck with Attached Garage

☒ Residential Use Stairs to beach ☐ Mobile Home (manufactured date) _____ ☐ Addition/Alteration (specify) _____ ☐ Accessory Building (specify) _____ ☐ Accessory Building Addition/Alteration (specify) _____

☐ Municipal Use ☐ Special Use: (explain) Stairs to beach ☐ Conditional Use: (explain) Stairs to beach ☒ Other: (explain) (See attached plans)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Joanna Raussen + Stephen Mohring Date 6 June 2017
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach _____
(If you recently purchased the property send your Recorded Deed Copy of Tax Statement)

- Indicate:
Show: ☒ (6) Show any (*):
Show: ☒ (7) Show any (*):
- Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

See attached
plans drawing
+ Aerial (Google Earth) photo

Please complete (1) – (7) above (prior to continuing)
(8) Setbacks: (measured to the closest point)
Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	800 Feet	Setback from the Lake (ordinary high-water mark)	beach stairs feet
Setback from the Established Right-of-Way	— Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	200 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	(shore) Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	800 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	300 Feet	Setback to Well	300 Feet
Setback to Driveway	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within 100 feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).
Marked with NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
2 ved channels Construction Of New One & Two Family Dwelling. All Municipalities Are Required To Enforce The Uniform Dwelling Code.
Top of Staircase. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0819	Permit Date: 6-19-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Deed of Record <input type="checkbox"/> Fused/Contiguous lot(s) <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Was Parcel Legally Created Was Proposed Building Site Delineated	Case #: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: near vertical along NB bluff	Inspected by: JC Murphy	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of Inspection: 6-15-17	Inspected by: JC Murphy	Zoning District (R-2B) Lakes Classification (1. Supplemental)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached) Erect Disturbing Activity + Vegetation Removal shall be the minimum necessary The stairway installation structure shall be inconspicuous from the waterway AND shall be no greater than 60" wide. RAILINGS may be permitted for SAFETY. STAIRWAY shall be elevated PER LIVED RECOMMENDATION IN Signature of Inspector: JC Murphy	Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>	Date of Approval: 6-19-17	



04014250070410500140000

04014250070410500150000

87768 BARK POINT RD

Clover

04014250070410500160000

Village, State or Federal
May Also Be Required

USE - x
NITARY -
IGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0219** Issued To: **Joanna Rawson & Stephen Mohring**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **4** Township **50** N. Range **7** W. Town of **Clover**

Par in
Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [Stairs to the Lake (75' x 3') = 225 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Earth disturbing activity and vegetation removal shall be the minimum necessary for stairway installation. Structure shall be inconspicuous from the waterway and shall be no greater than 60" wide. Railing may be permitted for safety. Stairway shall be elevated per LWCD recommendation on clay bluff.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

Jennifer Murphy

Authorized Issuing Official

June 19, 2017

Date